


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90028 010 \*\*\*150.00

<b>DOCUMENT # P99000059718</b> 1. Entity Name <b>PAZOS ENTERPRISES, INC.</b>	
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Principal Place of Business <b>11636 WATERBED CT WELLINGTON, FL 33414</b>	Mailing Address <b>11636 WATERBED CT WELLINGTON, FL 33414</b>
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04022004 No Chg-P CR2E034 (10/03)

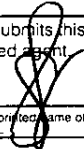
4. FEI Number <b>65-0934430</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ENRIQUEZ, STEPHEN C 19 WEST FLAGLER ST STE 600 MIAMI, FL 33130</b> <i>1 SE 3rd Ave, #1440 Miami, FL 33131</i>
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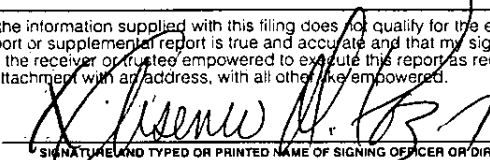
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <i>4/2/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAZOS, ARSENIO 11636 WATERBED CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAZOS, ELIZABETH 11636 WATERBED CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <i>4-2-04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>4-2-04</i> Daytime Phone #